Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: IL6009427 B. WING 09/30/2015 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE HIGHWAY 17 EAST POBOX 209 **TOULON REHAB & HEALTH CARE CENTER TOULON, IL 61483** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5)(EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY S9999 Final Observations S9999 Complaint #1525263/IL80359 Incident Report Investigation of 9/10/15/IL80431 Statement of Licensure Violations 300.610a) 300.1210b) 300.3240a) 300.3240f) Section 300.610 Resident Care Policies a) The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee, and representatives of nursing and other services in the facility. The policies shall comply with the Act and this Part. The written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting. Section 300.1210 General Requirements for Nursing and Personal Care b) The facility shall provide the necessary care and services to attain or maintain the highest Attachment A practicable physical, mental, and psychological well-being of the resident, in accordance with Statement of Licensure Violations each resident's comprehensive resident care plan. Adequate and properly supervised nursing care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident. Restorative measures

Illinois Department of Public Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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	S9999	Continued From page	ge 2	S9999				
		dated 09/08/15 inclu	udes the following diagnoses:					
		Dementia, Hyperten	sion and Adult Failure to	**Andrews				
		I hrive. And the follo	owing (patient)'s Condition at					
		bruises in various st	Skin Condition- scattered	No. of the Contract of the Con	70 000			ı
		Didises ili various si	lages of healing.	THE CAST COME AND				
		R4's "New Admissio	n Information" form, dated	ANNA (spr age				١
		09/08/15 includes th	e following information,	Tile trades of				١
			th Care Guardian and	Broan to see				ı
		Financial Guardian.	•					۱
		R4's "Psychotronic N	Medication Progress Notes"					l
		dated 9/9/15 docume	ents, "Resident admitted					l
		9/8/15 from (local ho	ospital Emergency Room) due					l
		to unfit home enviror	nment."	And the second s				l
	į	D. 11						
	1	K4's medical record	contains the following e-mail,	The Control of the Co				l
	į	"(F1) this is to inform	essed to E1 Administrator, n you that Judge (local judge)	The response of				l
		has appointed (71) F	R4's Guardian, the temporary	PAG-74-03 /4			J	
		guardian of person a	and estate for (R4). (Attorney	TO BE SEED OF THE				
		-at-Law) said to (Z1)	that he has 'sole control'	MARKANA LAG				ı
		over (R4) and that (F	R5) has no authority to	PR LICENSE				
		remove (R4) from the	e facility." The email is	Mile September 1				
		signed by R4's Adult Caseworker.	Protective Services					
		Gasewurker.						
	i	R4's Cognitive Asses	ssment, dated 9/16/15					
		documents R4's cogi	nitive status as "4" (severely					
		impaired).						
		Dalo Nuronte Meter	1-1-4 0/0/4 <i>E</i> / 4					
		R4's Nurse's Notes d	lated 9/8/15 (day of t, "(Spouse) here wanting to					
			(E1) Administrator spoke to	TO ACTUAL TRANSPORT				
			aged (R5) to keep (R4)					
		here."						
			- enterprise and a second and a					
			Report Form- (State Agency)					
			10/15 documents, "Facility				-	
	1. 1	was nouned by the loc	cal bank about (R4)'s				1	

STATEME	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIP	LE CONSTRUCTION	TOUR	- C1107/27
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		(X3) DATE SURVEY COMPLETED	
						~
		IL6009427	B. WING		l .	0
NAME OF	PROVIDER OR SUPPLIER				09/3	30/2015
		LUCTUMAN		STATE, ZIP CODE		
TOULON	REHAB & HEALTH C	ARE CENIER	IL 61483	O BOX 209		
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	<del>,</del>		**************************************	
PREFIX	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL		(X5) COMPLETE
TAG	REGULATORY OR LE	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROI	PRIATE	DATE
00000				DEL TOTENOT)	<del></del>	
S9999	Continued From page	ge 3	S9999			
	spouse (R5) making	threatening statements				
	about removing (R4	) from the facility. (R5) was in				
	the bank asking for	help in getting (R4) home.				
	The statement (R5)	made to the bank president ly way I can get (R4) out of				
		to go in there with a machine				
		tion of the statement by (R5),				-
	the facility was put of	n lock down and the local				
	Sheriff's office was of	contacted. Temporary				
	guardianship has be	en assigned to (Z1)."				
	R5's History and Phy	ysical, dated 9/14/15			100	
	documents, "Upon c					
	daughter-in-law, the	patient's (spouse) was	1			
	recently placed in a	nursing home. The patient is	ANTHORNE			
	apparently reported	to have been increasingly				
		ented, more angry and				I
	agitated, so much th	at (R5) becomes violent."				
	R5's Admission Phy	sicians Order Sheet, dated				
	9/16/15 includes the	following diagnosis:				I
	Dementia with Behav	vioral Disturbances.				ĺ
	DC!- "D 0					
	Nos Pre-Screening/ Harmful Behaviora" (	Screening Assessment for dated 9/16/15 documents R5				
	scored "High" in the t	following "Assessment			9	
+	Category", "Talks abo	out/threatens harm towards	100			
	others and /or aggres	ssive behavior toward others.				
	Resident maintains c	onsiderable anger and			-	1
: !	nostility. Has poor jud	Igement." R5's total score is				l
	14 ( > 10 = High Risk	).				
F	R5's Admission Care	Plan. dated 9/16/15				
•	ncludes the following	Problems/Needs: "Resident				
h	nas a known history o	of displaying inappropriate				
įt	pehavior and/or resis	ting care/services. Has a				
ļ ļ	nistory of aggression	and restlesness. After				
(	spouse) (R4) was ad	Imitted to facility this	The second second			
		bank asking for their help in ne nursing home. Made				j
3	234mg (134) nom n	io norsing nome, Made	i i			

B5HP11

**FORM APPROVED** Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: \_ COMPLETED B. WING IL6009427 09/30/2015 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE HIGHWAY 17 EAST POBOX 209 **TOULON REHAB & HEALTH CARE CENTER** TOULON, IL 61483 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION ID (X5) (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) S9999 Continued From page 4 S9999 statements of going into nursing home with a machine gun. Local police removed all guns from resident's property." R5's Nurses Notes dated 9/17/15 includes the following documentation, "Resident has been anxious this shift about (R5)'s (spouse), wallet, truck and son. Resident kept taking (personal) alarm off and threw it at this nurse." The notes also document on this date, "Resident very agitated, verbally aggressive with staff. States (R5) is going to get (R5)'s (spouse) up and out of bed. Resident wandering into other resident's rooms." R5's Nurses Notes dated at 9/18/25 document. "Resident alert with confusion. Up wandering into other resident's rooms. Verbally and physically aggressive towards staff." R5's Nurse's Notes dated 9/20/15 document. "Resident very agitated. Getting up on own setting off alarm. Wanting to go home, yelling at staff. Taking confused (spouse) (R4) by the hand and telling (R4) that they have to leave. Resident threatening staff saying I should hit you." R5's Nurses Notes dated 9/21/15 at 1:00 A.M. document, "Becoming anxious and agitated. Yelling out." R4's Nurses Notes dated 9/21/15 at 4:00 P.M. document, "Resident's (spouse) (R5) picked (R4) up and tried to put (R4) on (R5)'s lap. Lowered to the floor. R4 sustained a skin tear to the right

elbow,"

R5's Nurses Notes dated 9/23/15 document. "Resident alert with confusion. Very combative with staff. Increased frequency attempting to

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
					C	
		IL6009427	B. WING		09/30/2015	
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, :	STATE, ZIP CODE		
TOULO	N REHAB & HEALTH C	. ARF L.FNIFR	/ 17 EAST P	O BOX 209		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE COMPLETE	
	transfer wife."  R5's Nurses Notes of document, "Resider wanting to leave factalk to resident. (R5 upset. Resident was contailed. Resident was contailed and the resident was at the bank. (R5) pulled my hair."  On 9/28/15 at 10:30 stated, "(R5) was adwas at the bank. (R5) rotective Services in house. (R5) wanted Protective Services to issues with abuse and (local hospital) and the reside-by-side recliners someone heard (R4)	dated 9/26/15 at 3:45 A.M. It with increased agitation, ility. unable to reason or try to just keeps getting more up several times and almost ombative and yelling at staff."  dated 9/26/15 at 5:00 A.M. Pertified Nursing Assistant and reported that resident spouse's (R5)'s hand on  Report Form- (State agency) (26/15 at 5:00 A.M. ported they heard resident investigation (R4) told staff,  A.M., E1 Administrator mitted to the facility after (R5) was upset because and removed (R4) from the (R4) back home, but book (R4) out due to ongoing d neglect. (R5) was sent to be need to the staff had them	S9999	DEFICIENCY)		
Treatment of the many of the m	hospital) ER (Emerge caseworker was there	screened (R4) at the (local				

CTATEL	The of officerous	Tiodici	<del></del>		
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY	
AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING;		COMPLETED	
		IL6009427	B. WING		С
		120009427			09/30/2015
NAME OF	PROVIDER OR SUPPLIER	STREET AC	DRESS, CITY,	STATE, ZIP CODE	
T0111.0		HIGHWAY	/ 17 EAST P	O BOX 209	
TOULU	N REHAB & HEALTH (	MANE CENTER	IL 61483	O DOX 200	
(X4) ID	SHAMADV STA	TEMENT OF DEFICIENCIES			
PREFIX		Y MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF CORRECTION	(7.0)
TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO	
				DEFICIENCY)	
\$0000	Continued From		20000		
<i>აეეეე</i>	Continued From pa	ge o	S9999		
	a Court Order to ge	t (R4) out of the home and a	er romane		
	Guardian appointed	I. (Z2) felt (R4 and R5) were in	***		
	an unsafe environm	nent. (Z2) said they (R4) and			
	(R5) had ben under	investigation for some time.			
	(R4's shouse ) (R5)	was unable to take care of	The state of the s		
	(R4) and was mean	and neglectful. I passed all of			
	this information on t	to the Administrator (E1)."			
	uno miormation on t	o the Administrator (E1).			j
	On 9/28/15 at 3:45 I	P.M., Z3 Guardian ad Litem			
	(for RA) stated "I be	ave known (R4 and R5) for			
	twenty-five nlue year	rs. (R5) has always been			
	authoritorion (D6)	vas the bread winner. (R5)			
	made all the decision	vas tile bread winner. (R5)			
	made all the decision	ns. (R5) has always been was aware there were			
	problems with (DE)	Vas aware there were			
	moon to (D4) and be	(E1) was aware (R5) was			
	mean to (R4) and ha	ad been neglectful."	400-1		
	On 0/29/15 at 1:00 F	3 M 74 Cara Manager	To a second		
	the least Elder Abus	P.M., Z4 Case Manager from	Shi ka wa		
	the local Elder Abus	e Agency stated, "We opened			
	the case for (R4) in i	May 2015 after receiving			
	(DC) All (DA)	alleging abuse and neglect by			
	(R5). All (R4) Would	ever say was (R5) was very			
		busive to (R4). (R4) would			
	only talk when (R5)	wasn't around. We had			
i	multiple calls and co	mplaints filed against (R5).			
	vve were actively pui	rsuing removal of (R4) from			1
	the nome. The (nurs	ing) facility became involved	may to the state of the state o		ľ
	in this case back in J	July 2015. We had called	Videonope		
	tnem for possible ad	mission to the facility. I had	name.		
	multiple phone calls	and e-mails with the (facility)			1
	Admission Coordinat	for (E4) concerning (R4).	VI companyo		1
	(E4) was made awar	e of the allegations of abuse			
	and neglect of (R4) b	by (R5) from the beginning of			
	their involvement. (E	1) was also aware of the			
	abuse and neglect."	Valuation			
		ALVOIR ALL	-		
		.M., E8 Licensed Practical	1		
		'I was working down the hall			
	(on 9/26/15 around 5	:00 A.M.) E9 came and got	j		
		working down the hall and			

Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B. WING IL6009427 09/30/2015 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE HIGHWAY 17 EAST P O BOX 209 **TOULON REHAB & HEALTH CARE CENTER** TOULON, IL 61483 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION ID (X5) COMPLETE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S9999 Continued From page 7 S9999 heard (R4) yell out. (R4) said (R5) pulled my hair. On 9/29/15 at 5:15 A.M., E9 Certified Nursing Assistant (CNA) stated, "I was working on (9/26/15) around 4:30 or 5:00 in the morning down the hall. I heard (R4) whimpering, (R4) was upset. (R5) had (R5)'s hand on (R4)'s head. (R4) said (R5) is pulling my hair. (R5) said I can pull (R4)'s hair if I want to." On 9/29/15 at 10:34 A.M., Z5 (Physician) stated. "(R5) has a long standing history of abuse and neglect of (R4). Those two (R4) and (R5) should never be left in an area together. (R5) becomes agitated easily and then lashes out at (R4) and hurts (R4). They need to be separated, maybe not even in the same nursing home." On 9/28/15 at 12:45 P.M., R4 was seated in a recliner in the lounge area with (R5) in a recliner next to (R4). On 9/29/15 at 5:05 A.M., R4 was seated in a recliner in the lounge area with (R5) in a recliner next to (R4). (B)